

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Attila Grauzer, et al. Examiner: Hotaling, John M.
 Serial No. 10/686,164 Group Art Unit: 3713
 Filed: October 15, 2003 Docket No. PA0921.ap.US
 Title: CARD SHUFFLING APPARATUS WITH INTEGRAL CARD
 DELIVERY

Facsimile Center

Washington, DC 20231

TELEPHONE: (703) 305-0780

FAX NUMBER: (703) 872-9306

* Please deliver to Examiner Hotaling, Group Art Unit 3713

The following documents are hereby submitted:

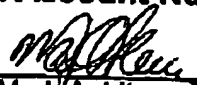
- ☒ Amendment and Response after Final Rejection (7 pages)
☒ Transmittal Sheet
☒ Fax Coversheet

If an additional fee is required due to changes to the claims, the fee has been calculated as follows:

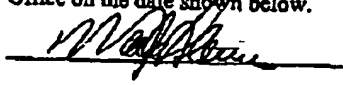
CLAIMS AS AMENDED						
	(1) Claims Remaining After Amendment		(2) Highest Number of Claims Previously Paid For	(3) Present Extra	Rate	Fee
TOTAL CLAIMS	17	-	20	0	x 9.00 =	\$0.00
INDEPENDENT CLAIMS	2	-	3	0	X 44.00 =	\$0.00
() MULTIPLE DEPENDENT CLAIMS PRESENTED						\$0.00
TOTAL						\$0.00

Please consider this a PETITION FOR EXTENSION OF TIME for sufficient number of months (one month) to enter these papers if an additional extension of time is deemed necessary by the Office. Authorization is hereby given to charge Deposit Account Number 50-1391 if such additional extension is necessary.

MARK A. LITMAN & ASSOCIATES, P.A.

York Business Center, Suite 205, 3209 W. 76th St.
Edina, MN 55435 (952-832-9090)By: Atty: Mark A. Litman
Reg. No. 26,390

I hereby certify that this paper is being transmitted by facsimile to the United States Patent and Trademark Office on the date shown below.



Mark A. Litman

29 June 2005

Date

07/12/2005 NPATERS 00000002 501391 10686164

01 FC-335 PAGE 29 * RCVD AT 07/29/2005 2:22:30 PM (Eastern Daylight Time) * SVR:USPTO-EFXRF-1/0 * DNIS:3729306 * CSID:952 832 9191 * DURATION (mm-ss):02:02

JUN 29 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Attila Grauzer, et al.	Examiner	Hotaling, John M.
Serial No.	10/686,164	Art Unit	3713
Filed:	October 15, 2003	Docket No.:	PA0921.ap.US
Title:	CARD SHUFFLING APPARATUS WITH INTEGRAL CARD DELIVERY		

AMENDMENT UNDER 37 C.F.R. §1.111 IN RESPONSE TO
NON-FINAL RESTRICTION REQUIREMENT**MAIL STOP: AMENDMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Please enter the following response into the above-referenced application in response to the Non-Final Office Action mailed on 25 May 2005 . Please debit and costs or fees associated with this Amendment and Response, including and fees for extension of time, to Attorney's Deposit Account No. 50-1391.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

PA0921. 47. US

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	9	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	9 minus 20 =	-
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT ☐		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	9	Minus	20	-
	Independent	1	Minus	4	-
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X5 9=		OR	X518=	
X43=	43	OR	X86=	
+145=		OR	+290=	
TOTAL	428	OR	TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	10	Minus	20	-
	Independent	4	Minus	4	-
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	16	Minus	20	-
	Independent	2	Minus	4	-
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Best Available Copy